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CONFIRMATION NO. 8497

<b>SERIAL NUMBER</b> 10/006,290	<b>FILING OR 371(c) DATE</b> 10/22/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 506612000100
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/296,764 06/08/2001 and claims benefit of 60/241,994 10/20/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 01/09/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 54 18	<b>INDEPENDENT CLAIMS</b> 81
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>B. J. Johnson</i> Examiner's Signature Initials				

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**TITLE**

Leukocyte expression profiling

<b>FILING FEE RECEIVED</b> 886	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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